



# Commonwealth of Massachusetts

## PAYROLL DEDUCTION AUTHORIZATION FORM (PDA) FOR INSURANCE OR OTHER EMPLOYEE DEDUCTIONS

**Please check one of the following:**

New Deduction: \_\_\_\_\_

Change Deduction: \_\_\_\_\_

**Please remit my payroll deduction to:**

**Vendor:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Current Amount:** \$ \_\_\_\_\_

**New Amount:** \$ \_\_\_\_\_

**Policy/Account#:** \_\_\_\_\_

**Vendor ID:** \_\_\_\_\_ (Payroll Dept Use Only)

**TOTAL PAYROLL DEDUCTIONS:** \$ \_\_\_\_\_

**LIMITED BALANCE:** \$ \_\_\_\_\_ (If applicable)

**FREQUENCY:** \_\_\_\_\_

**Agency/Dept:** \_\_\_\_\_ (Employer)

**Employee Name:** \_\_\_\_\_ **Bargaining Unit:** \_\_\_\_\_

**Employee ID:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** (\_\_\_\_\_) \_\_\_\_\_

I hereby authorize my Employer, named above, to deduct from my salary and to remit to the above named Vendor until further notice the amount at the frequency identified above.

It is understood that my Employer will forward the said payments to the Vendor during the continuance of my employment by said Employer or until this authorization is revoked by me with sixty days notice in writing to the said Employer.

I understand that my Employer is responsible for the correct remittance of said payment to the above named Vendor.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_